PETI	TION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional) 018563-004620US		
	FY 2007 (Fees pursuant to the Consolidated Appropriations Act, 2005			
Application Number 10/670,162			Filed September 23, 2003	
For EFFICIENT DATA REPRESENTATION OF TEETH MODEL				
Art Unit 2123			Examiner Ayal I. Sharon	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		Fee	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_450
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpa				
				unt.
				erpayment, to
	Deposit Account Number 20-1430 I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form.			
Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
	attorney or agent of record. Registration Number 52,182			
	attorney or agent under 37 CFR 1.34.			
	Registration number if acting under 37 CFR 1.34			
		August 28, 2007		
-	Signature Date			
	Michael T. Rosato, Reg. No. 52,182		206-467-9600	
-	Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
\Box	Total of forms are subr	nitted.		